ALL ABOUT LIFE REHABILITATION CENTER 115 EAST ARNDT STREET

FOND DU LAC 54935 Phon	e:(920) 923-7040		Ownership:	Corporation	
Operated from 1/1 To 12/31 Da	ys of Operation:	365	Highest Level License:	Skilled	
Operate in Conjunction with Hospi	tal?	No	Operate in Conjunction with CBRF?	Yes	
Number of Beds Set Up and Staffed	(12/31/03):	131	Title 18 (Medicare) Certified?	Yes	
Total Licensed Bed Capacity (12/3	1/03):	131	Title 19 (Medicaid) Certified?	Yes	
Number of Residents on 12/31/03:		119	Average Daily Census:	122	

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	용	
Home Health Care	No	Primary Diagnosis		Age Groups	용 8	Less Than 1 Year	26.9	
Supp. Home Care-Personal Care	No					1 - 4 Years	36.1	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0		6.7	More Than 4 Years	13.4	
Day Services	Yes		21.0	65 - 74	27.7	•		
Respite Care	Yes	Mental Illness (Other)	2.5	75 - 84	35.3		76.5	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	21.8	*********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.4	Full-Time Equivalent	5	
Congregate Meals No		Cancer	0.0			- Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	6.7		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	1.7	65 & Over	93.3			
Transportation	No	Cerebrovascular	11.8			RNs	8.5	
Referral Service	No	Diabetes	7.6	Gender	용	LPNs	12.3	
Other Services Yes Respi		Respiratory	6.7			Nursing Assistants,		
Provide Day Programming for	- 1	Other Medical Conditions	42.0	Male	37.8	Aides, & Orderlies	42.4	
Mentally Ill	No			Female	62.2			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0	I		

Method of Reimbursement

		Medicare			Medicaid 'itle 19			Other			Private Pay			Family Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	24	100.0	283	65	92.9	118	0	0.0	0	17	100.0	148	8	100.0	115	0	0.0	0	114	95.8
Intermediate				5	7.1	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	4.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	24	100.0		70	100.0		0	0.0		17	100.0		8	100.0		0	0.0		119	100.0

ALL ABOUT LIFE REHABILITATION CENTER

Admissions, Discharges, and	- 1	Percent Distribution	of Residents'	Condit	ions, Services, a	nd Activities as of 12/	31/03
Deaths During Reporting Period	-						
	- 1				% Needing		Total
Percent Admissions from:	1	Activities of	왕	As	sistance of	2	Number of
Private Home/No Home Health	13.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	8.4		65.5	26.1	119
Other Nursing Homes	0.0	2	9.2		60.5	30.3	119
Acute Care Hospitals	86.6	Transferring	17.6		62.2	20.2	119
Psych. HospMR/DD Facilities	0.0	Toilet Use	11.8		68.1	20.2	119
Rehabilitation Hospitals	0.0	Eating	61.3		23.5	15.1	119
Other Locations	0.4	*****	*****	****	* * * * * * * * * * * * * * * * * * *	*******	*****
otal Number of Admissions	239	Continence		용	Special Treatmen	nts	용
ercent Discharges To:	1	Indwelling Or Externa	al Catheter	7.6	Receiving Resp	piratory Care	17.6
Private Home/No Home Health	48.3	Occ/Freq. Incontinent	t of Bladder	56.3	Receiving Tra	cheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	38.7	Receiving Suc	tioning	0.8
Other Nursing Homes	12.6				Receiving Osto	omy Care	1.7
Acute Care Hospitals	6.5	Mobility			Receiving Tube	e Feeding	1.7
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	5.0	Receiving Mecl	nanically Altered Diets	31.1
Rehabilitation Hospitals	0.0						
Other Locations	10.0	Skin Care			Other Resident (Characteristics	
Deaths	22.6	With Pressure Sores		10.1	Have Advance 1	Directives	72.3
otal Number of Discharges	i	With Rashes		1.7	Medications		
(Including Deaths)	230 i				Receiving Psy	choactive Drugs	50.4

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

***********	*****	****	******	*****	******	*****	*****	*****	*****
			ership:		Size:		ensure:		_
	This		prietary	100	-199		lled	Al	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	용	90	Ratio	용	Ratio	엉	Ratio	왕	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.0	84.6	1.10	87.2	1.07	88.1	1.05	87.4	1.06
Current Residents from In-County	84.0	75.5	1.11	78.9	1.06	69.7	1.21	76.7	1.10
Admissions from In-County, Still Residing	18.4	18.9	0.97	23.1	0.80	21.4	0.86	19.6	0.94
Admissions/Average Daily Census	195.9	152.9	1.28	115.9	1.69	109.6	1.79	141.3	1.39
Discharges/Average Daily Census	188.5	154.8	1.22	117.7	1.60	111.3	1.69	142.5	1.32
Discharges To Private Residence/Average Daily Census	91.0	63.8	1.43	46.3	1.96	42.9	2.12	61.6	1.48
Residents Receiving Skilled Care	95.8	94.6	1.01	96.5	0.99	92.4	1.04	88.1	1.09
Residents Aged 65 and Older	93.3	93.7	1.00	93.3	1.00	93.1	1.00	87.8	1.06
Title 19 (Medicaid) Funded Residents	58.8	66.0	0.89	68.3	0.86	68.8	0.85	65.9	0.89
Private Pay Funded Residents	14.3	19.0	0.75	19.3	0.74	20.5	0.70	21.0	0.68
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	23.5	31.3	0.75	39.6	0.59	38.2	0.62	33.6	0.70
General Medical Service Residents	42.0	23.7	1.77	21.6	1.95	21.9	1.92	20.6	2.04
Impaired ADL (Mean)	50.4	48.4	1.04	50.4	1.00	48.0	1.05	49.4	1.02
Psychological Problems	50.4	50.1	1.01	55.3	0.91	54.9	0.92	57.4	0.88
Nursing Care Required (Mean)	8.1	6.6	1.23	7.4	1.09	7.3	1.11	7.3	1.10